

6 AUTOS.

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$550.00

Date 11/14/11

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>11-14-2011</u>
Amount Paid	<u>550.00</u>

New Application Check one: Class 1 Class 2 Class 3

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business (DBA) Name: UNION GULF SERVICE Phone: 617 623 9294

Business Location (with Zip Code): 231 WASHINGTON ST SOMERVILLE MA 02143

Applicant's Legal Name: UNION GULF SERVICE LLC

Applicant's Address (with Zip Code): 231 WASHINGTON ST SOM MA 02143

Applicant's Email Address: J.DAVIDIAN@MSA.COM

Applicant's Federal Employer Identification Number: 450 548 309

Mailing Name (where we should send correspondence to): JAMES DAVIDIAN

Mailing Address (with Zip Code): 345 THORNAV ST CONCORD MA 01742

Emergency Contact: JAMES DAVIDIAN Phone: 617 930 9607

Type of Business (Check one):

Sole Proprietor Partnership (inc. LLP) Trust

Corporation (inc. LLC) Other

CITY CLERK'S OFFICE
 SOMERVILLE, MA
 2011 NOV 14 PM 2:58

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: JAMES DAVIDIAN

Address with Zip Code: 345 THORNAV ST CONCORD MA 01742

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

Are you engaged principally in the business of buying, selling or exchanging motor vehicles?

Y N

Is your principal business the sale of new motor vehicles?

Y N

If yes, are you a recognized agent of a motor vehicle manufacturer, or do you have authority to sell the vehicles of a motor vehicle manufacturer via a written contract?

Y N

If yes, provide the name of the manufacturer(s): _____

Is your principal business the buying and selling of second hand motor vehicles?

Y N

If yes, have you obtained a \$25,000 bond pursuant to MGL c. 140 § 58, for this business, at this location?

Y N

If yes, do you have access to a repair facility to comply with the warranty obligations imposed by MGL c. 90 § 7N¼?

Y N

If yes, provide the name of the repair facility: UNION OIL SERVICE

Is your principal business that of a motor vehicle junk dealer?

Y N

Have you ever obtained a license to deal in second hand motor vehicles or parts?

Y N

If yes, list year, city and state 30th JULY 1988

Have you ever been denied a license to deal in second hand motor vehicles or parts?

Y N

If yes, list year, city and state _____

Have you ever had a license to deal in second hand motor vehicles or parts revoked or suspended?

Y N

If yes, list year, city and state _____

Describe all of the premises to be used in the business: 30' x 40' BUILDING

ON AN 8000 SQ FT LOT

The hours of operation for used car dealers are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on December 31, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: [Signature] Date 11/14/11

Business Name: UNION BULK SERVICE

Business Address: 231 WASHINGTON ST SOM. MA. 02143

FOR NEW APPLICANTS:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ Zone.

- The use is permitted as of right
- The use requires a special permit
- The use is prohibited

Class 1 & 2: Maximum number of vehicles to be kept on the premises: _____ inside
_____ outside

Signature: _____ Date: _____

Print Name: _____ Title: _____

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

- Approved
- Denied

Signature: _____ Name and Title: _____



Phone: (781) 431-2500 ext. 113
Fax: (781) 431-6134

Fax

From: Kate Lawrence	To: James Davidian
Pages: 4	Fax: (617) 776-1984
Date: 11/3/2011 02:05:13 PM	Phone: (617) 623-9294
Subject: Bond Continuation Letter	

Message:

Hi Jim,

The following is the letter from CNA Surety stating that your bond #69610280 is continuous as long as CNA Surety receives your renewal payment. We have a note in our system that your renewal payment was posted at CNA as of 10/18/11.

If you have any questions please do not hesitate to contact us.

Thanks,
Kate

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

UNION BULK SERVICE LLC
*Signature of Individual or Corporate Name (Mandatory)

[Signature]
By: Corporate Officer (Mandatory, if a corporation)

450 548 309
**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: UNION GOLF SERVICE

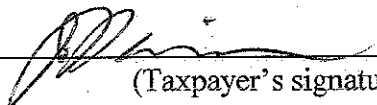
Address of taxpayer/applicant's business in Somerville: 231 WASHINGTON ST SOM MA 02149

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617 623 9299 evening: 617 930 9607

I, (print name) JAMES DAVIDIAN, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 19 day of

NOVEMBER, 20 11.  (Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

15486 # 119007011 # 1332 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP: 

RECEIVED
UBarens
11-14-11

**The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, Mass. 02111**

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: UNION GOLF SERVICE

Address: 231 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143 Phone #: 617 623 9294

- | | |
|---|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <input checked="" type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input checked="" type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: 11/19/14

Print Name: JAMES DAVIDIAN

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____